

CALIFORNIA AND WESTERN MEDICINE

VOLUME XXX

FEBRUARY, 1929

No. 2

THE MENACE TO MEDICINE*

By REXWALD BROWN, M. D.

Santa Barbara

A NEW note has been introduced by observing and thinking medical writers into the literature of medicine. This note is a combination of anxiety, distress and even fear. The medical profession is undeniably disturbed by movements in the social structure whose waves, with ever increasing vigor, are beating against a medical position which has existed for centuries, a position which has seemed unassailable.

There is danger ahead which is too little perceived. Unless it be countered, the service which the medical profession is able to render the public will be seriously curtailed, and the public will not secure the benefits of knowledge to which it is entitled.

The malign influence over which the profession is agitated is an insidious one. The present commercialized age becomes with increasing power gluttonous for domination over all human activities. It is reaching out to engulf the medical profession and compel it to bow to the supervisory management of its high-powered votaries.

The boundaries of commercialism are expanding constantly. Able leaders with great vision are contributing mightily to social advance. But when money and the organizations created thereby attempt to control those matters which should be inherently best directed by medical knowledge, a situation has arisen which should compel medicine to examine its position in the scheme of things.

The menace which hovers over medicine has, strange to say, first, grown out of medicine's contributions to human welfare, and second, out of its failures to manifest adequately the worth of its constantly increasing knowledge.

SHADOWS OF THE MENACE

The lay public, singly and collectively, with a wide diversity of selfish and altruistic points of view is active in taking advantage of medicine's contributions. Life, health, accident and industrial insurance companies are shaping many of their policies on medicine's discoveries. This is commendable. But the menace appears in the employment of large numbers of medical men by the

insurance companies. They are being subordinated to positions very largely of technicians.

Another shadow of the menace is the insistence by groups of private citizens and politicians that medicine be socialized. Socialization means the subjection, by legislative control and political manipulation, of the medical profession in a system of state medicine which includes health insurance and compulsory professional attendance. Carried to a logical end, the states and the nations would compel physicians to practice on terms dictated by lay people.

The menace exists in a mild form in the general educational sphere where lay boards supervise educational hygiene. Also in spheres designated as social uplift there are many organizations actively interested in promoting health instruction, in supplying funds for health demonstrations, in creating public opinions on health matters and in attempting to secure the enactment of local and national health laws. Medical personnel is not intimately associated with the work of these organizations.

Medical education, too, has felt the touch of the menace. Great universities and large foundations, through their lay boards of control, by inference and promise of financial help, seek to regulate the placement of medical schools, the adoption of curriculums, and to dictate the selection and compensation of teaching professors.

An aspect of the menace which has not taken deep root is the organization of lay institutions which practice medicine. Doctors in these organizations are employees carrying out the policies of lay directors.

A particularly serious phase of the menace is the strengthening of the lay influence in the control and management of hospitals. Let it not be forgotten that hospitals are workshops of the medical profession. Lay organizations, including religious orders, see no incongruity in their assuming the regulation of medical practice in medical workshops. The motives actuating these bodies emanate from the highest forms of benevolent and philanthropic thought. It is not creditable to medicine that the lay world has for generations been obliged to build and conduct the workshops essential to medical practice. Why should people who have had no training and experience in medicine find it necessary to manage hospitals? The answer is that physicians have demonstrated little interest in the supervision of affairs peculiarly their own. The lay public has become generally convinced that members of the medical profession are not fitted to handle mat-

* Read before the Santa Barbara County Medical Society, September 10, 1928.

ters which require unified effort. The belief is common that physicians have no executive capacities and their said jealousies of each other prevent them from formulating any constructive policies.

The lay trustees outline the policies governing the hospitals. They require visiting physicians often to submit to rules and regulations made by lay superintendents or head nurses even though these rules and regulations may be contrary to what is considered by physicians as best suited to the welfare of the patients.

Hospitals in communities are serviceable only through their staffs of attending physicians and surgeons. These staffs send in the patients without which hospitals would have no reasons for existence. Lay trustees recognize their dependence on staffs and grant them the high (?) honor of selecting from among themselves executive bodies which have the privilege of carrying medical difficulties to the trustees. In this way the staffs are lulled into a feeling that they are integral factors in the management of hospital affairs.

Lay control of hospitals has introduced a new feature into the field of medical practice. Some hospitals are practicing medicine as a business. These hospitals are hiring physicians, charging patients for professional advice and treatments by these physicians, collecting the fees and entering them on their books as revenue received. By this practice hospitals are actually competing with their staff members. Obviously there are possibilities dangerous to both physicians and hospitals incident to this lay advance into the field of medical practice.

THE PROTECTION OF CULTISTS

The foregoing rather sketchy outline is but one face of the menace. The other face is perhaps even more disturbing to contemplate. It is that the public has measurably lost confidence in the scientific medical profession not only as to its ability to promote community health but as to its competency in the management of disease. This statement cannot be easily set aside in the face of the increasing prominence of medical cultists in medical activities. And the cultists are being protected in their unsound opinions and tactics by public attitudes and legislative enactments which enable them to practice medicine largely without restraint. Encouraged by the manifestations of esteem in which they are held, the cultists are broadening their excursions by efforts to compel their inclusion on boards of health, whose energies they now oppose and deride. Thus the menace grows apace.

THE PROFESSION'S MEDIEVAL ATTITUDE

Many physicians perceive that there is something very disquieting in medicine's present-day participation in human affairs. Yet altogether too great a number are indifferent to or even not cognizant of the lay public's failure to endorse the profession's self-accepted position in civilization. This position has long been thought by medicine to be of cardinal importance and must be as un-

alterably preserved as are the religious concepts held by fundamentalists.

There has been ingrained in the profession for centuries past an understanding that its service to humanity can be best expressed by the development of a reticence about its participations in the scheme of life. This attitude of mind has led largely to the limitation of a physician's activities to the care of sick individuals and to a none too active part in disease prevention. Why such an attitude of mind has been developed is not clear, but there is no question that it has become a tradition. It is undoubtedly the outgrowth of a code of behavior used to govern the lives of young men who followed in the footsteps of Hippocrates. Hippocrates, who lived 2500 years ago, was the author of the code. It was intended to be a guide for moral conduct in the contact between physicians and patients. It antedated the Golden Rule. The spirit of the Golden Rule and the spirit of the Hippocratic code are the same. No one considers that either one needs alteration.

It is unlikely that Hippocrates expected his code to be a document covering all the activities of the medical profession for centuries to come. But even unto today aloofness maintains itself in the ranks of medicine as consistent with the spirit of the code.

PAWNS RATHER THAN GUIDES

It is no overstatement of fact to reiterate that the future of the regular medical profession is imperiled by lay encroachment. All too soon, if physicians do not unite to thwart the menace, they may be relegated to positions of employees under control of organizations using the knowledge which has been so laboriously dug by medical men from nature's storehouse. Civilization would not gain by the transference of the medical profession to the status of pawns rather than of guides. The ambition to discover new knowledge would be generally stifled and individual initiative would not rise to high levels. Ambition and individual initiative should remain as priceless incitants to progress.

Certainly there can be no credit to medical men that they have failed to realize that "the old order changeth," that they are not awake to the adjusting alignments in the sociologic, political and economic fields. Scientific medicine is not leading in any constructive movement for human betterment. Sad to say it is not even keeping step. Under the standards of the centuries-old traditional code, doctors as a body have been content to toil in a colorless negative way.

HOW TO THWART THE MENACE

How is the menace to be thwarted? Medicine must broaden its concept of its serviceable relationship to humanity. It must break free, not from canons of honorable dealings with the public and professional brethren, but from attitudes of mind, regulations and customs which have become engrafted upon the profession to the extent of impeding its full usefulness. Age-long

absorption in special fields of knowledge associated with partial detachment from movements in other spheres of human endeavor has made the medical mind somewhat insular. One aspect of this insularism is the delusion had by physicians that the public is conversant with the valuable knowledge possessed by the profession. Well-informed citizens perhaps do possess considerable information of the worth of medicine's contributions to the welfare of mankind. The great masses, however, do not possess this information.

The annihilation of this delusion must be the first step in the entrance of the medical profession into acceptance of new responsibilities in consonance with the spirit of modernism which demands and seeks enlightenment. This new age is clamorous for instruction and gets all kinds—good, bad and indifferent—through the press, magazines, movies and radio. There are no restrictions to free expression through these media. The false and the vicious in thought secure equal prominence with the true and the good.

MEDICINE'S HIGH RESPONSIBILITY

It is hardly possible that anyone would controvert the statement that individual, community and national health is basic to the fullest expression of mankind's physical and mental activities.

No intellectual body is better able to point the way to health than the regular medical profession. Medicine has acquired vast resources of knowledge accumulated over centuries of intensive study in, clinical observations of, and patient research into the phenomena of human existence. If all this knowledge could be made available to and put into practice by the people of this world, the increase in human health, efficiency and happiness would be incalculable.

Medicine must assume a new obligation, a new function, and accept as its high responsibility the task of making medical knowledge operative in the development of the social structure. If medicine fails to project itself as a guide into our out-reaching civilization, physicians' voices will be heard with ever lessening respect and consideration. Lay domination will fasten itself stronger and stronger upon the profession.

Medicine must make known, must carry its knowledge to the people. The people in general seem to have no inclination to seek out the truth for themselves. This fact was recognized by a great religious leader centuries ago when He urged His disciples to go spread the gospel. The regular medical profession must prove that its services in the alleviation or cure of disease and in the promotion of individual and national health are incontestably superior to all other services seeking endorsement in the same fields.

Civilization has entered a new era of thought. Scientific knowledge is making steady headway, casting aside as obstructions more and more of the presuppositions and prejudices which have influenced man's beliefs and the growth of his institutions. Medicine, whose methods are inherently

scientific, must accept leadership in the development of the new type of mind existent today.

A COLOSSAL TASK

It is rather easy to reflect on medicine's failures or lack of vision, but it is not easy to suggest measures for solving what is becoming a major problem, lay domination in medicine's activities.

Medicine must undertake a colossal task. Within its own ranks it must create an organization which will present a new face to the world. It must learn to impress mankind with the fundamental values of its discoveries, of its learning and of the applicability of its knowledge to the complex affairs of life. This effort should not seek the glorification of medicine, but should be dedicated to human progress.

How will this new movement be born and make itself felt? Would it not be good judgment for the officers and trustees, the authorized leaders of the American Medical Association, to call together the socially minded physicians of the nation to consider mastering the aggravating matters inimical to the best interests of the public and the profession? Perhaps the state medical associations might take the initiative and, after conferences, pass on their views to the general body, the American Medical Association. These meetings would give no consideration to clinical and research activities.

Subjects for discussion. Agenda might include the following subjects:

SUBJECT NUMBER ONE

How best to establish in the public mind the importance of dependence on medicine's treasury of knowledge.

As a preliminary step perhaps medicine may have to find a way by which education in the common schools and universities can include a history of medicine's discoveries, its achievements and its outstanding personalities. Such an excursion into the field of education would undoubtedly engender bitter opposition. But the voice of opposition would be a voice of unintelligence and prejudice. Surely intelligent thought could see no objection to the exposition of a history of infinitely more value to human beings than much of the history which is taught. The history of medicine would acquaint the student with the practical application of the interrelationships of biology, chemistry and physics in the scheme of things. The greater the knowledge a student gets of biochemistry and biophysics the more likely he is, when he becomes a man, to estimate at their true values the assertions and claims of unintelligent persons on matters of health and disease.

SUBJECT NUMBER TWO

Is education in the medical schools antiquated and inappropriate to the needs of our expanding civilization?

There will probably be agreement that the schools are adequately presenting the knowledge which insures competent diagnosticians, consultants, and therapists. Admitting this adequacy,

do the medical schools advance in their classrooms what is beautifully expressed by Dr. Langley Porter, dean of the University of California Medical School? He says, "The other which we are pleased to speak of as professional, seeks to give man a more comprehensive view of his profession and of his duties toward the community that he is to serve. The superior prestige of the profession rests on . . . understanding that the foremost duty . . . is to supply unselfish service to others. Besides the idealism of community service is another quality that marks the professional school: its endeavor to train its men so that each of them will be able to contribute something of leadership to the life of his times." Unless a program in consonance with this point of view becomes operative, the prestige of the medical profession will suffer depreciation. High regard for physicians will markedly decrease and the menace will creep on, not insidiously, but actively to controlment.

INFUSE NEW ELEMENTS INTO MEDICAL TEACHING

The discussions may lead to the discovery that teaching of medicine needs the infusion of new elements or at least the rehabilitation of a much neglected one. It may be that the American Medical Association would insist that medical schools institute a course giving students, in greater detail than would be given in the common schools, a history of medicine from its inception. This course should picture the deep relationships of medicine in the advancement of society's interests. The most learned, socially minded and convincing speakers in the profession should deliver the lectures on these vital topics. In the student's mind there should be inculcated a desire to serve not only as a trained scientific professional craftsman, but also as a citizen leader in all matters affecting social progress.

This new course should be most comprehensive. It should present to students the many phases of the problems which confront the profession of medicine. Some of the topics which should be given analytical surveys are:

(a) Preparation for public health service.

This branch is the most important of all medicine's functions. But it gets little consideration from the teachers of medicine. The profession is theoretically interested in disease prevention, but actually gives it scant attention. Students are not taught much about public health and consequently consider it of minor moment. In general the best physicians do not seek public health careers.

(b) Importance of physicians becoming administrators and executives in their own fields.

(c) Proper methods of publicity in the promotion of health.

(d) Best methods of preventing dishonesty, quackery and unintelligence in medical practice.

(e) How to secure legal sanction for sound medical principles.

(f) How ethical concepts and practices evolved.

(g) The establishment of business methods in medicine consistent with established economic standards.

(h) How best to further the development of research medicine.

Philanthropy and medicine are close associates in this field. Medicine must continue to merit the esteem and confidence given it by philanthropy. It must render strict business accountings for the moneys intrusted to its use for research study. The policies directing the expenditures in research should, however, be formulated by medicine.

The possession of information such as would be provided by the course indicated above would enable medical graduates to exert a powerful influence in overcoming an apparent stagnation which exists in medicine today. The object of this course should be to foster the highest idealism in medicine, as well as to build a statesman-like attitude of mind in the solution of problems which affect mutually the welfare of society and medicine.

SUBJECT NUMBER THREE

Is medicine so wedded to individualism in thought and practice that it cannot or will not create an organization whose influence will be strongly positive in the affairs of civilization?

It may be learned, to the surprise of physicians, that medicine is not organized at all to take an enviable prominence in leadership. It has no method or system of impressing the worth of its knowledge on the public.

NEED FOR ADMINISTRATIVE ORGANIZATION

Medicine is proud and justifiably so of its large national and state bodies called medical associations. But candor compels the admission that these associations are interested largely in keeping their members continuously conversant with the advances made in clinical and research fields. In other words the associations exist for mutual improvement.

The necessity for maintenance of these associations is not questioned. From them as nuclei, however, should grow a centralized organization of world-wide scope and influence. This centralized organization should find the means of conveying to the world the worth of medicine's mounting knowledge. This leads to the next subject in the agenda.

SUBJECT NUMBER FOUR

Should medical men undertake administrative activity?

If medicine is to take a proper place in society it must assume the duties of leadership. And these duties entail initiative thought, organizing, executive and administrative capacity.

The apathetic indifference of medicine to participation in the concerns of life other than those agreeable to its own point of view reacts upon the public in a natural way. The public gets the conviction that medicine interests itself little with

human movements, is incompetent except in the treatment of disease, and is nonconversant with the business standards and methods possessed by all other classes in society. These thoughts lead the public to assume guidance and control, in its own behalf, of medical activities which should be much better handled by physicians.

Society has need of and wants use of the knowledge which has come to medicine through backgrounds of general education and specific learning acquired over years of study not necessary in most vocations and callings. This knowledge must be humanized by medicine itself through a system of organization and administration developed by the profession comparable with the systems developed in the fields of business, finance, industry, religion and education. Medicine must accept, build and control an administrative leadership in matters best understood by itself. Some of these matters are municipal and national health, sanitation, educational hygiene, medical economics, hospital control and management, medical social service and medical education.

A universally known concrete example of the dependence of lay achievement on medical knowledge was the building of the Panama Canal. Not until the general administrative and engineering control in the Canal Zone gave way to medical administrative knowledge could the work of building proceed. Administrative medical knowledge was not given only to General Gorgas. It slumbers in the heart of medicine and will reach high expression when the centuries-old wall of aloofness is broken down.

SUBJECT NUMBER FIVE

Does medicine's conception of itself as a profession justify disregard of business methods in the practice of the profession?

Altogether too often in an effort to impress the public with medicine's inherent altruism physicians have made the great mistake of appearing indifferent to or contemptuous of money. The public quickly senses this attitude and can hardly be criticized for looking at medicine in the light it has placed itself. The profession is thought to have no normal concepts of business and should not be trusted with control and expenditure of money even in the advancement of medicine's projects. The assumption that the doctor's profession places him beyond the sordidness of dollars meets from the public ready acceptance. Compensation is not infrequently curtailed or withheld from the doctor when his labors to individuals or in behalf of society are concluded. The continuing acceptance of this unsound economic doctrine is harmful to the best interests of society and of medicine.

Unless physicians secure from patients a legitimate fee for bringing relief or cure from disease and from society a compensation adequate to services rendered in the promotion of health, medicine will be unable to express itself in the fullest possible way. When the doctor is conceded the

right in all fairness to make from his efforts a living commensurate with livings secured in other pursuits, medical economics will be on a sound basis. And being on such a plane will not mean medicine's retreat from the high altruistic standards developed through the ages. In the soul of medicine is the desire to give freely from medicine's storehouse to the help and welfare of members of the body politic who have no means with which to pay for the services. But the way in which this kindly ministration to the needy must be rendered should not, as is largely done now, be dictated by politicians and social workers.

Medicine must establish an economic basis on which it can carry out the idealism resident in the profession. But medical men must not exalt or permit themselves to be exalted. They are human beings and, like all others, enmeshed in the economic exactions of life. They must have sufficient money to function adequately as members of a profession. They do not seek money that they may be millionaires, but they do seek an amount sufficient to permit them to express the high purposes of the profession.

SUBJECT NUMBER SIX

Shall medicine adhere to an attitude of abhorrence toward publicity?

If medicine conceives of itself as an instrument of services to its fellow men, it must use publicity as one means of rendering service. What part of, or shall all of medicine's knowledge be made known to the public? And by whom shall the messages be delivered, by the profession as a whole or by individual members? The whole subject may promote lively debates. The conclusions reached may be that all phases of medicine which pertain to public welfare and progress should be presented. Exposition of medical methods in the spheres of symptomatology, diagnosis and treatment should be tried out. In general, however, the technical details of any scientific pursuit are tedious to listen to and not altogether comprehended by the public. Certainly personal boasting by a physician concerning his ability to cure this and that ailment will be taboo, as it should be. But a dignified public expression by a physician on matters of vital import in the social structure should not be considered personal advertising.

BETWEEN TWO CIVILIZATIONS

Medicine stands in the passageway between two civilizations. The old one has contributed to social progress through a system largely of individualistic effort. The new civilization is thrusting forth organized effort as its contribution.

Medicine's future position depends on the choice it makes between the old and the new standards. If it continues to abide by the old system it will become increasingly subject to lay control. If medicine chooses the new standards and creates an organization integrated for dynamic assertiveness, leadership in human affairs is assured.

Santa Barbara Clinic.